
Facts About Childhood Obesity and Overweightness

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Overweight and obesity are important nutrition-related conditions in the United States. Some believe obesity is reaching epidemic proportions, particularly in the adult population. Many health professionals agree it is a chronic disease and associate it with other chronic conditions, including coronary heart disease, type II diabetes mellitus, hypertension, dyslipidemia, gallbladder disease, respiratory disease, some types of cancer, gout, and arthritis (1). Because most methods for achieving weight loss are unsuccessful over time (2), prevention continues to be the most viable option for controlling overweight.

The magnitude of obesity and overweightness is far-reaching—

- About one in five children in the United States is now overweight (3).
- Overweight during childhood and adolescence is associated with overweight during adulthood (4).
- Parental obesity more than doubles the risk of adult obesity among both obese and non-obese children under 10 years of age (5).
- Over \$68 billion are spent each year on direct health care related to obesity, representing 6 percent of total U.S. health care expenditures (6).

The problem has grown over time—

- The number of overweight children 6 to 17 years of age has doubled within three decades (3,8,9).

- The prevalence of overweight has increased from 7.6 to 10.9 percent for children age 6 to 11 years and from 5.7 to 10.8 percent for adolescents age 12 to 19 years between 1976-80 and 1988-91 (3,7).

Diet plays a key role, but there is more to the problem—

- Children with overweight parents had lower levels of physical activity and diets that were higher in fat and lower in carbohydrate (10,11,12).
- A review of the literature suggests that overweight among preschool children, as well as older children, may be associated less with increased energy intake and more with low physical activity (13).

There is a relation to income, education, and ethnicity—

- Poor White adolescents were about 2.6 times as likely to be overweight as those in middle- or high-income families, and adolescents with near-poor family income had an intermediate prevalence (14).
- There is little evidence for a pattern in the relationship between overweight prevalence and education of the family reference person. A pattern of decreasing overweight prevalence with increasing education of the family reference person is found only among non-Hispanic White male children and adolescents (8).

- *Overweight and obesity rates among children and adolescents were highest for Mexican American males age 6 to 11 (17 percent), African American females age 6 to 19 (16 percent), and adolescents age 12 to 19 from low-income households (16 percent) (15).*

Reversing the trend in overweight will require changes in individual behavior, elimination of societal barriers, and better assessment tools—

- *Behaviors that have contributed to the increase in overweight prevalence for adults may be transmitted within the family setting and affect the weight status of children (8).*
- *Fewer than half of school children received daily physical education, with games and competitive sports being the mainstays of existing programs (16).*
- *For physical education programs to contribute to the public health goal of lifelong activity, they should include activities of moderate intensity and should not focus exclusively on team-oriented sports activities (17).*
- *Body Mass Index (BMI) is not as reliable a measure of fatness for children, especially across different ages and degrees of maturity, as it is for adults who have attained their peak height (8).*

The increased prevalence of overweight in children in the United States should be viewed in the context of similar increases occurring in other age groups in the United States and in many other societies around the world (8).

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